APPENDIX C

PROPOSED AMENDED WORKSHEET

				Case Number	
				COUNTY, ALABAMA (Name of County)	
		V			
		Defendant			
Children		Date of Birth	Children		Date of Birth
			Number of Children		
Line	A CALTURY OR OCCUMENT	Item	Plaintiff	Defendant	Combined
1 1a	MONTHLY GROSS INCOME Minus Pre-Existing Child-Su	Parmanta	\$	\$	\$
1b	Minus Pre-Existing Child-St			_	_
2	MONTHLY ADJUSTED GROSS INCOME (Line 1 – Line 1a – Line 1b)		\$	\$	\$
3	PERCENTAGE SHARE OF INCOME (Income on Line 2 divided by Combined Income)		%	%	100%
4	BASIC CHILD-SUPPORT OBLIGATION (Apply Line 2 Combined to Schedule of Basic Child-Support Obligations)		No.		\$
5	WORK-RELATED CHILD-CARE COSTS (Paid by Either Parent)		\$	\$	+
6	HEALTH-CARE-COVERAGE COSTS (Paid by Either Parent)		\$	\$	+
7	TOTAL CHILD-SUPPORT OBLIGATION (Combined Line 4 + Line 5 + Line 6)				\$
8	EACH PARENT'S CHILD-SUPPORT OBLIGATION (Line 3 x Line 7)		\$	\$	
9	TOTAL COSTS PAID BY EACH P	ARENT (Line 5 + Line 6)	-	_	
10	EACH PARENT'S ADJUSTED CHILD-SUPPORT OBLIGATION (Line 8 – Line 9. If less than \$0, enter \$0.)		\$	\$	
	Self-Support Reserve (SSR) Calculation				
11	INCOME AVAILABLE AFTER SSR (Line 2 – SSR of \$981. If less than \$0, enter \$0.)		\$	\$	
12	INCOME AVAILABLE FOR SUPPORT (85% of Line 11. If less than \$50, enter \$50 minimum obligation.)		\$	\$	
	Recommended Child-Support Order				
13	RECOMMENDED CHILD-SUPPORT ORDER (Lesser of Lines 10 and 12)		\$	\$	
Comm	nents, Calculations, or Rebuttal:	s to Guidelines:			
Prepa	red By:		***************************************	Date:	